



## APPLICATION FOR OPERATING AUTHORITY (HOUSEHOLD GOODS)

PLEASE READ AND FOLLOW INSTRUCTIONS CAREFULLY

**ATTACH \$25.00 FILING FEE MADE PAYABLE TO "KENTUCKY STATE TREASURER"**

TO: Office of Legal Services  
200 Mero Street, 6th Floor  
Frankfort, Kentucky 40622  
Telephone: 502-564-7650  
Fax: 502-564-5238

DOCKET NO. \_\_\_\_\_  
(Department Use Only)

If you intend to operate this business under an assumed name - d/b/a, state the name and ATTACH a copy of your declaration to use an assumed name showing it has been properly recorded at the appropriate COUNTY CLERK'S OFFICE:

NAME: \_\_\_\_\_

D/B/A: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

MAILING ADDRESS (if different from above): \_\_\_\_\_

1. List all Kentucky intrastate certificates and permits currently held by the applicant by name and number:

\_\_\_\_\_

2. Situs of proposed operation and area of service. \_\_\_\_\_

\_\_\_\_\_

3. Is applicant a sole proprietorship? ☐ Yes ☐ No If "No", answer A or B.

A. Partnership? If yes, give names and addresses of partners:

\_\_\_\_\_

B. Corporation? if yes, give state of incorporation, principal address, and agent name and address for Kentucky process if non-resident. ATTACH current copy of certificate of good standing from state of incorporation.

\_\_\_\_\_

\_\_\_\_\_

4. ATTACH a complete financial statement of the applicant on Form TC 93-24 to this application.

5. Has the applicant or any officer or principal of the applicant been denied any motor carrier authority by this Cabinet in the past six months? ☐ Yes ☐ No

6. Has the applicant or any officer or principal of the applicant been convicted during the past year in any state for violation of a motor carrier law or regulation? ☐ Yes ☐ No

If so, explain: \_\_\_\_\_

NAME: \_\_\_\_\_

D/B/A: \_\_\_\_\_

I, the undersigned official of the above applicant after being first duly sworn, state that the above information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant Official

\_\_\_\_\_  
Official Title

**THIS APPLICATION SHALL BE NOTARIZED**

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Attorney for Applicant (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number (including Area Code)